

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 3,302,543.03

Gross Claim \$3,302,543.03

Net Claim / Payment Amount \$3,302,543.03

YTD Amount: \$17,629,369.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 84,193.96

Gross Claim \$84,193.96

Net Claim / Payment Amount \$84,193.96

YTD Amount: \$449,437.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 151,553.55

Gross Claim \$151,553.55

Net Claim / Payment Amount \$151,553.55

YTD Amount: \$809,010.97

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 279,824.05

Gross Claim **\$279,824.05**

Net Claim / Payment Amount **\$279,824.05**

YTD Amount: **\$1,493,734.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 540,161.71

Gross Claim **\$540,161.71**

Net Claim / Payment Amount **\$540,161.71**

YTD Amount: **\$2,883,447.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 163,872.17

Gross Claim **\$163,872.17**

Net Claim / Payment Amount **\$163,872.17**

YTD Amount: **\$874,769.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 136,461.06

Gross Claim **\$136,461.06**

Net Claim / Payment Amount **\$136,461.06**

YTD Amount: **\$728,445.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 2,097,878.69

Gross Claim \$2,097,878.69

Net Claim / Payment Amount \$2,097,878.69

YTD Amount: \$11,198,727.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 143,638.07

Gross Claim \$143,638.07

Net Claim / Payment Amount \$143,638.07

YTD Amount: \$766,757.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 375,418.15

Gross Claim \$375,418.15

Net Claim / Payment Amount \$375,418.15

YTD Amount: \$2,004,026.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 2,271,560.52

Gross Claim \$2,271,560.52

Net Claim / Payment Amount \$2,271,560.52

YTD Amount: \$12,125,861.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 144,414.39

Gross Claim \$144,414.39

Net Claim / Payment Amount \$144,414.39

YTD Amount: \$770,901.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 333,150.86

Gross Claim \$333,150.86

Net Claim / Payment Amount \$333,150.86

YTD Amount: \$1,778,399.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 458,968.71

Gross Claim \$458,968.71

Net Claim / Payment Amount \$458,968.71

YTD Amount: \$2,450,029.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 97,403.35

Gross Claim \$97,403.35

Net Claim / Payment Amount \$97,403.35

YTD Amount: \$519,950.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,960,452.08

Gross Claim \$1,960,452.08

Net Claim / Payment Amount \$1,960,452.08

YTD Amount: \$10,465,127.50

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 385,672.74

Gross Claim \$385,672.74

Net Claim / Payment Amount \$385,672.74

YTD Amount: \$2,058,767.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 191,075.58

Gross Claim \$191,075.58

Net Claim / Payment Amount \$191,075.58

YTD Amount: \$1,019,984.27

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 143,865.15

Gross Claim \$143,865.15

Net Claim / Payment Amount \$143,865.15

YTD Amount: \$767,969.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 26,369,813.48

Gross Claim **\$26,369,813.48**

Net Claim / Payment Amount **\$26,369,813.48**

YTD Amount: **\$140,765,215.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 403,937.88

Gross Claim **\$403,937.88**

Net Claim / Payment Amount **\$403,937.88**

YTD Amount: **\$2,156,268.70**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 523,307.04

Gross Claim **\$523,307.04**

Net Claim / Payment Amount **\$523,307.04**

YTD Amount: **\$2,793,475.54**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 98,151.05

Gross Claim \$98,151.05

Net Claim / Payment Amount \$98,151.05

YTD Amount: \$523,942.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 232,462.24

Gross Claim **\$232,462.24**

Net Claim / Payment Amount **\$232,462.24**

YTD Amount: **\$1,240,911.22**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 679,661.58

Gross Claim \$679,661.58

Net Claim / Payment Amount \$679,661.58

YTD Amount: \$3,628,114.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 91,532.51

Gross Claim **\$91,532.51**

Net Claim / Payment Amount **\$91,532.51**

YTD Amount: **\$488,611.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 95,462.10

Gross Claim \$95,462.10

Net Claim / Payment Amount \$95,462.10

YTD Amount: \$509,588.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,082,538.84

Gross Claim \$1,082,538.84

Net Claim / Payment Amount \$1,082,538.84

YTD Amount: \$5,778,721.69

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 310,993.97

Gross Claim **\$310,993.97**

Net Claim / Payment Amount **\$310,993.97**

YTD Amount: **\$1,660,123.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 254,542.51

Gross Claim \$254,542.51

Net Claim / Payment Amount \$254,542.51

YTD Amount: \$1,358,778.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 7,503,905.40

Gross Claim \$7,503,905.40

Net Claim / Payment Amount \$7,503,905.40

YTD Amount: \$40,056,743.85

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 630,292.05

Gross Claim \$630,292.05

Net Claim / Payment Amount \$630,292.05

YTD Amount: \$3,364,574.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 132,227.78

Gross Claim \$132,227.78

Net Claim / Payment Amount \$132,227.78

YTD Amount: \$705,847.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 4,813,068.97

Gross Claim **\$4,813,068.97**

Net Claim / Payment Amount **\$4,813,068.97**

YTD Amount: **\$25,692,737.38**

For assistance, please call: John Bodolay at (916) 323-2154

1/9/2014

Page 34 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 2,966,598.90

Gross Claim \$2,966,598.90

Net Claim / Payment Amount \$2,966,598.90

YTD Amount: \$15,836,059.49

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 184,532.73

Gross Claim **\$184,532.73**

Net Claim / Payment Amount **\$184,532.73**

YTD Amount: **\$985,057.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 4,871,537.38

Gross Claim \$4,871,537.38

Net Claim / Payment Amount \$4,871,537.38

YTD Amount: \$26,004,848.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 7,565,451.39

Gross Claim **\$7,565,451.39**

Net Claim / Payment Amount **\$7,565,451.39**

YTD Amount: **\$40,385,283.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,713,900.74

Gross Claim \$1,713,900.74

Net Claim / Payment Amount \$1,713,900.74

YTD Amount: \$9,149,007.00

For assistance, please call: John Bodolay at (916) 323-2154

1/9/2014

Page 39 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,559,364.69

Gross Claim **\$1,559,364.69**

Net Claim / Payment Amount **\$1,559,364.69**

YTD Amount: **\$8,324,075.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 628,985.88

Gross Claim \$628,985.88

Net Claim / Payment Amount \$628,985.88

YTD Amount: \$3,357,601.80

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,506,237.27

Gross Claim **\$1,506,237.27**

Net Claim / Payment Amount **\$1,506,237.27**

YTD Amount: **\$8,040,474.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,072,160.55

Gross Claim \$1,072,160.55

Net Claim / Payment Amount \$1,072,160.55

YTD Amount: \$5,723,321.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 4,243,100.73

Gross Claim \$4,243,100.73

Net Claim / Payment Amount \$4,243,100.73

YTD Amount: \$22,650,178.82

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 681,394.22

Gross Claim \$681,394.22

Net Claim / Payment Amount \$681,394.22

YTD Amount: \$3,637,363.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 448,127.04

Gross Claim \$448,127.04

Net Claim / Payment Amount \$448,127.04

YTD Amount: \$2,392,155.71

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 86,012.44

Gross Claim \$86,012.44

Net Claim / Payment Amount \$86,012.44

YTD Amount: \$459,144.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 159,876.12

Gross Claim **\$159,876.12**

Net Claim / Payment Amount **\$159,876.12**

YTD Amount: **\$853,437.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 934,355.48

Gross Claim **\$934,355.48**

Net Claim / Payment Amount **\$934,355.48**

YTD Amount: **\$4,987,701.20**

For assistance, please call: John Bodolay at (916) 323-2154

1/9/2014

Page 49 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,049,843.97

Gross Claim **\$1,049,843.97**

Net Claim / Payment Amount **\$1,049,843.97**

YTD Amount: **\$5,604,192.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,189,930.92

Gross Claim \$1,189,930.92

Net Claim / Payment Amount \$1,189,930.92

YTD Amount: \$6,351,993.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 441,290.65

Gross Claim \$441,290.65

Net Claim / Payment Amount \$441,290.65

YTD Amount: \$2,355,662.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 185,213.97

Gross Claim \$185,213.97

Net Claim / Payment Amount \$185,213.97

YTD Amount: \$988,694.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A
PAYMENT ISSUE DATE: 01/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 514,615.24

Gross Claim \$514,615.24

Net Claim / Payment Amount \$514,615.24

YTD Amount: \$2,747,077.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 95,102.09

Gross Claim \$95,102.09

Net Claim / Payment Amount \$95,102.09

YTD Amount: \$507,666.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,126,652.30

Gross Claim **\$1,126,652.30**

Net Claim / Payment Amount **\$1,126,652.30**

YTD Amount: **\$6,014,204.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 176,995.71

Gross Claim \$176,995.71

Net Claim / Payment Amount \$176,995.71

YTD Amount: \$944,824.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 **To** 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 1,921,962.99

Gross Claim **\$1,921,962.99**

Net Claim / Payment Amount **\$1,921,962.99**

YTD Amount: **\$10,259,668.15**

For assistance, please call: John Bodolay at (916) 323-2154

1/9/2014

Page 58 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300197A

PAYMENT ISSUE DATE: 01/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 12/01/2013 To 12/31/2013

Payment Calculations:

Mental health Services apportionment amount for current period 501,577.55

Gross Claim \$501,577.55

Net Claim / Payment Amount \$501,577.55

YTD Amount: \$2,677,480.88